

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90039 026 \*\*\*\*\*55.00

<b>DOCUMENT # L02000003794</b>						
<b>1. Entity Name</b> BROWARD REAL ESTATE INVESTORS ASSOCIATION, LLC						
<b>Principal Place of Business</b> 7801 SW 6 COURT PLANTATION, FL 33324 US			<b>Mailing Address</b> 7801 SW 6 COURT PLANTATION, FL 33324 US			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	<b>4. FEI Number</b> 52-0002501		
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  WEINBERG, STEVEN 7805 SW 6 COURT PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b>			
Name			Street Address (P.O. Box Number is Not Acceptable)			
City			State <b>FL</b> Zip Code			
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>				
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WJL FINACIAL GROUP INC PO BOX 450057 SUNRISE, FL 33345		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM S.D.L. HOLDINGS, INC. 7801 S.W. 6th Court Plantation, Florida 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>						
<b>SIGNATURE:</b> <b>WILLIAM J. LEON</b>				<b>1/11/05 954-424-3008</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #		